

ROHANA KUDDUS

LEMONGRASS AND PRAYER

WHEN NEWS ABOUT the COVID-19 outbreak began to proliferate in January, the general attitude in Indonesia was nonchalant. As neighbouring countries—the Philippines, Singapore, Malaysia, Australia—began to report mounting cases in February, public officials continually described the virus as a foreign phenomenon that would not penetrate our borders. The Minister of Health, a former military doctor whose dubious record includes peddling a controversial ‘brain-flushing’ treatment for strokes, of his own invention, proudly declared that Indonesia was ‘immune’ to COVID-19 thanks to ‘prayer’. When 243 Indonesian nationals were repatriated from Wuhan on 1 February and sent to the far northwest Natuna Island—with no prior notice given to the outraged local government and residents—they were said to have shown no symptoms after two weeks of quarantine and observation; it was later revealed that they were never tested for the virus. As late as March, airport checks remained lax, travellers were not required to take temperature tests, and outdated health-alert cards were distributed, containing information about MERS, SARS and avian flu, rather than COVID-19. The Minister for Tourism meanwhile promised to pour IDR 72 million into the flagging tourism and travel industry.

Once the first two cases were formally announced on 2 March, local governments still dithered over the comprehensive measures needed to curb the outbreak. The way these cases were reported is indicative. After a mother and daughter were initially misdiagnosed with bronchitis and typhus, the pair demanded a coronavirus test, whose outcome they learned not from the hospital staff, but from a televised press conference

held by President Jokowi.¹ They were then harassed for allegedly bringing the virus into Indonesia after their personal data were leaked online by a government official. Fake news circulated that the daughter was infected after ‘dancing with a male tourist’ in a club, whereupon mainstream-media outlets condemned her for being ‘loose’. This grim precedent deterred many Indonesians from coming forward for testing. There was a strong narrative, promoted by public and religious officials, that contracting the virus put one’s piety in question: for example, the state-funded Council of Ulama, chaired by Indonesian Vice President Ma’ruf Amin, claimed in a press release on 3 March that the virus was ‘a rebuke from Allah’ to those eating *haram*.

This attitude began to change after Indonesia witnessed the Malaysian lockdown on 18 March. Malaysia had a surge of 566 cases, which were traced to a gathering of 16,000 in a mosque at the end of February, organized by Tablighi Jamaat, a global evangelical-Muslim organization. On top of the fact that 696 Indonesians attended the event, another multi-day Tablighi Jamaat festival was scheduled to take place in the Indonesian regency of Gowa, Sulawesi. Although it was eventually cancelled by the government, about 10,000 worshippers from fourteen different countries had already gathered in anticipation.² At this point, the Council of Ulama changed tack, releasing a number of fatwas to support physical distancing and prevent mass religious gatherings. Not everyone complied: some insisted that state law should not interfere with holy rituals, and a former general claimed that the restrictions were part of an Islamophobic conspiracy to prevent religious observance.

While religious factors have played a significant role in shaping responses to the crisis, tensions and competition between national and regional leaders have affected the haphazard approaches to containing COVID-19. Though the national government declared that quarantine measures could not be imposed without its explicit command, many regional leaders have defied this order and implemented their

¹ Johannes Nugroho, ‘Why Indonesia’s Response to COVID-19 Outbreak Has Come under Scrutiny’, *Today*, 9 March 2020.

² Tablighi Jamaat is one of the largest global religious movements, according to the Pew Research Center, with followers in more than 80 countries including Indonesia, Pakistan, Bangladesh, India, Malaysia, and the US. The *New York Times* called its Malaysian gathering ‘the pandemic’s largest known vector in Southeast Asia’.

own lockdowns.³ This is exemplified by the ongoing tussle between President Jokowi and the Jakarta governor, Anies Baswedan, a former ally turned rival eyeing up the 2024 presidential seat. With more than 50 per cent of the infection originating in Greater Jakarta, Baswedan has been calling for a lockdown to prevent *mudik*—that is, the return of urban migrant workers to their rural hometowns. This is especially urgent in light of the upcoming Ramadhan fasting month and Idul Fitri holidays in May, when a mass exodus from metropolitan centres, especially Jakarta, usually takes place.

According to some public-health experts, the prevention of *mudik* is critical to stop the virus spreading outward from its epicentre. But others are asking whether transport restrictions may be counterproductive. On 16 March, when public transport in Jakarta was hastily reduced and the even-odd number-plate limit on cars was lifted, it caused overcrowding on trains and buses as well as congestion on the roads.⁴ As political leaders continue their tug-of-war, a series of confusing policies have been announced and uncoordinated actions taken. Some regions have closed schools, public gatherings and roads in order to limit movement into their precincts. Tegal, a small city home to about 240,000 people in Central Java, blockaded its boundaries with movable concrete barriers after one positive case. Surabaya, the second biggest city in Indonesia, with a population of over 13 million, yet barely any public-transport infrastructure, is planning to prohibit entry to drivers without Surabaya ID cards or number plates. Papua has restricted entry by sea or air since 26 March. By contrast Prabumulih, another small city in Sumatra with a population of 161,000, which had four positive cases and a hospital director dead from the virus, had refused to enforce any closures at all.

The police meanwhile have been given a free hand to shut down cafes, market stalls, public events and religious ceremonies—including weddings and mass prayers—in a move that will enable increased extortion and the suppression of protests. Squeezed by a combination of job losses, falling incomes and the fear of arbitrary travel restrictions, the final weeks of March saw around 14,000 migrant, informal and wage

³ Marchio Irfan Gorbiano and Ghina Ghaliya, 'Turf War Undermines COVID-19 Fight in Indonesia', *Jakarta Post*, 1 April 2020.

⁴ Jakarta has an odd-even traffic rule, which only allows cars with license plates ending in even numbers to be used on even calendar dates and vice-versa for odd dates.

workers leave Jakarta by bus alone, not counting those who travelled via ship, motorcycle or car; the number of layoffs is likely to be far higher than the reported 72,000, too, since the majority of the workforce is in the informal sector. Food is cheaper and rents lower in their hometowns, but the elderly and vulnerable population is higher, while health facilities—where they exist at all—are highly limited.

✱

Compared to the hardest-hit areas, the 1,528 COVID-19 cases reported in Indonesia as of 31 March seemed low. But the number has risen fast, quickly surpassing those of Indonesia's neighbours to become the highest in the region. The mounting death toll—still below 200 as of 4 April, according to the official statistics—is also suspected to be seriously underreported. Only around 7,621 tests have been done in a country of more than 260 million (or less than 3 for every 100,000), and in Jakarta alone nearly 4,400 burials occurred in March 2020, 40 per cent higher than any month since at least January 2018.⁵ In addition to the usual reasons for under-reporting—limited testing capacity, the back-and-forth delay in diagnosis—people may also be deterred from reporting COVID-19 deaths through fear of being ostracized. Following the treatment of the first two patients, there have been a number of reports of residents being refused burial, their families and even medical workers being ejected from their neighbourhoods.

Indonesia has a chronically underfunded public healthcare system, with health expenditure reaching only 3.12 per cent of GDP, while the median number of hospital beds per 1,000 people is only 0.82, and the median number of doctors 0.2—compared to the 3.4 beds and 4.09 doctors per 1,000 Italians. The state-owned health insurance, BPJS, has been expanded dramatically in the past decade, but is also plagued with mismanagement and a heavy deficit. Among the poor, especially in *kampung* neighbourhoods and rural areas, there is a certain level of wariness and distrust towards BPJS, as well as doctors and hospitals, based on the common experience of receiving costly prescriptions with questionable efficacy, along with discriminatory waiting times, long

⁵ Tom Allard, Kanupriya Kapoor, Stanley Widiyanto, 'Exclusive: Jump in Jakarta Funerals Raises Fears of Unreported Coronavirus Deaths', Reuters, 3 April 2020. The investigation was based on a review of statistics from the city's Department of Parks and Cemeteries.

periods without treatment, or even being detained in hospital. If they cannot afford private healthcare, most people prefer to go to traditional healers, community healthcare centres, or to self-medicate with *jamu* herbal concoctions—which Jokowi himself has been recommending for the virus, adding a dose of nationalist rhetoric to these traditional drinks. After an Indonesian professor of medicine claimed that her research had demonstrated the efficacy of ginger, turmeric and lemongrass in building immunity, the demand for *jamu* and its *empon-empon* ingredients soared, making them even less affordable to the poor.

As in other countries, it was the upper and middle classes that could afford to start stockpiling early on. The lockdowns in Wuhan and Singapore in January prompted the panic buying of necessities, which were either hoarded for personal use or resold at higher prices. People reported difficulties finding masks and sanitizers from the last week of January, with costs rising exponentially after that. Even hazmat protective suits (conspicuously worn to go grocery shopping) and alcohol swabs—promoted on social media as a means of keeping mobile phones virus free—were squirreled away, to the frustration of frontline health workers. These excessive acts, combined with the early 1 per cent fatality rate and the insouciant response of the Indonesian government, caused many to dismiss COVID-19 as a ‘rich person’s disease’ and refuse to take it seriously. By the time the government started releasing health warnings and closing public spaces during the third week of March, empty shelves and skyrocketing prices left medical staff and poor people without basic supplies or protection.

Class divisions in Indonesia have grown more glaring since the arrival of COVID-19, giving new meaning to the term ‘social distancing’. It is telling that the English phrases commonly associated with the pandemic—not only ‘social distancing’ but ‘physical distancing’, ‘work from home’, ‘lockdown’—regularly appeared untranslated in leaders’ speeches, policy documents, information leaflets, traffic signs and media reports. Only later did it dawn on officials that these terms compounded the confusion of labouring-class, non-English-speaking Indonesians, who can barely afford to skip a day’s work, let alone join video conferences. While Indonesia is often touted for its 5 per cent economic growth rates, up to 100 million of its inhabitants still earn less than \$1.50 a day, living in areas where the internet is patchy and laptops a luxury. ‘Staying at home’ in crowded *kampung* neighbourhoods, where access to clean water

cannot be taken for granted, does not equate to physical distancing. And things will be happening much more silently outside the capital—which hogs 80 per cent of national media coverage—in rural areas and more remote island regions beyond Java, where people have returned as layoffs keep increasing.

*

On 31 March, the state finally announced a Government Regulation, which includes a set of stimulus packages valued at IDR 405.1 trillion (\$24.6 billion). The breakdown: IDR 150 trillion will be allocated for economic-recovery programmes, including credit restructuring and finance for small and medium businesses; IDR 75 trillion for healthcare spending; IDR 110 trillion for social protection and IDR 70.1 trillion for tax incentives and credit for enterprises. New welfare measures will rely on cash transfer through cards, with terms and conditions that leave the system open to bureaucratic bottlenecks and petty extortion. It remains to be seen how this package will come into effect.⁶ To fund it, the state budget-deficit limit of 3 per cent of GDP has been lifted until 2022—a decision with no precedent since the 1997 Asian Financial Crisis, which catalysed the mass revolt that toppled Suharto’s 33-year rule. With rupiahs sliding steadily, the fiscal effects of COVID-19 now loom large, and their political ramifications, especially after the mass protest in Indonesia last year, could be significant.⁷

It is therefore no surprise that Jokowi also included the decision to implement ‘large-scale social distancing’ in the new Regulation, instead of the quarantine law which requires central government to ensure the provision of basic necessities. A ‘civil-emergency’ article based on an old Sukarno-era martial law was appended as ‘the last option if things get really bad’. This would provide the legal foundation for more repressive measures—interfering with news reporting and radio stations; intercepting conversations on the phone or in offices; limiting encryption and even foreign languages; forbidding the use of certain communication tools; disbanding gatherings, and so on. Like many rulers across the world, Jokowi has exploited the pandemic to increase the granularity of domestic control and surveillance. A new Indonesian app titled

⁶ Some online ride-sharing drivers have already protested that the credit relaxation has hardly worked, with increases in reported suicides due to debt burdens.

⁷ On the 2019 mass protests, see Rohana Kuddus, ‘September Surprise’, NLR 120, Jan–Feb 2020.

PeduliLindungi (CareProtect), modelled after Singapore’s open-source TraceTogether, has also been rolled out to track possible instances of contact between individuals in case of infection. The siphoning of personal data might look innocuous in a time of pandemic, but on top of the non-existence of personal data-protection law in Indonesia, it could easily be used to track the activities and contacts of journalists, activists, sex workers and members of the LGBTQ community.⁸

The new parliament has also used the opportunity to continue drafting a controversial Omnibus Law called ‘Job Market Creation’, or Cipta Lapangan Kerja, which Indonesian activists, journalists and students have—with characteristic wit—abbreviated as *Cilaka* (‘accursed’). The draft law promises to amend a total of 75 other laws, consisting of 15 chapters and 174 articles, supposedly to streamline business, attract investment, boost job opportunities and stimulate growth. Labour groups, environmental activists, peasant associations and women’s organizations have vehemently protested the law’s lack of protection for labour and women’s rights, along with its significant relaxation of environmental standards for polluting corporations. Street and campus protests against *Cilaka* had been spreading across different cities before the pandemic. Yet the government is determined to push it through Parliament while the virus is restricting grassroots opposition efforts. It has also decided not to postpone upcoming regional elections, despite inevitable voting problems. Jokowi’s expansion of executive powers, development of surveillance infrastructure and restrictions on freedom of movement and association will outlast the virus itself, perhaps affecting Indonesian political life for months and years to come.

Surabaya, 4 April 2020

⁸ For a discussion of Singapore’s TraceTogether app, which will likely be adopted by many other countries, see Kirsten Han, ‘TraceTogether and Emergency Measures amid an Outbreak’, wethecitizens.substack.com, 25 March 2020.